

## UNIVERSAL 911 DIALING – FIRST TRANSITION REPORT

### Section 1

#### Carrier Identification Information

Parent Company Name:

Navigator Telecommunications, LLC.

Service Provider Name:

Same

Company Address, City, State, ZIP:

P.O. Box 13860  
North Little Rock, AR 72113-0860

Service Provider Type:        ☐ Wireless        ☒ Wireline

Contact Name:                      Michael McAlister, General Counsel

Contact Telephone #:              (501) 954-4051

Fax #:                                  (501) 954-4002

E-mail Address:                      mike@navtel.com

### Section 2

#### Local Area 911 Information

List all individual areas covered by the report.

#### I.        Counties Where There Is No 911 Service

<u>County Name</u>	<u>State Name</u>	<u>FIPS Code</u>
Johnson	Arkansas	05071
Barry	Missouri	29009
Bates	Missouri	29013
Bollinger	Missouri	29017
Carroll	Missouri	29033
Dade	Missouri	29057
Knox	Missouri	29103
Osage	Missouri	29151
Randolph	Missouri	29175
Schuyler	Missouri	29197

Vernon	Missouri	29217
Washington	Missouri	29221
Wayne	Missouri	29223
Cotton	Oklahoma	40033
Grant	Oklahoma	40053
McIntosh	Oklahoma	40091
Murray	Oklahoma	40099
Osage	Oklahoma	40113
Wagoner	Oklahoma	40145
Lake	Tennessee	47095

II. Counties In The Process Of Implementing 911 Service

<u>County Name</u>	<u>State Name</u>	<u>FIPS Code</u>
Adair	Missouri	29001

III. Counties Where There Is Partial Implementation Of Basic Service

<u>County Name</u>	<u>State Name</u>	<u>FIPS Code</u>
Adair	Oklahoma	40001
Garvin	Oklahoma	40049
Okfuskee	Oklahoma	40107
Washita	Oklahoma	40149
Woodward	Oklahoma	40153

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Navigator provides service as a Competitive Local Exchange Carrier (reseller) in all counties and states shown above. As a reseller of Incumbent Local Exchange Carrier (ILEC) services, all 911 implementation and operational issues are being handled by the respective ILECs.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Navigator provides service as a Competitive Local Exchange Carrier (reseller) in all counties and states shown above. As a reseller of ILEC services, all 911 implementation and operational issues are being handled by the respective ILECs.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Navigator provides service as a Competitive Local Exchange Carrier (reseller) in all counties and states shown above. As a reseller of ILEC services, all 911 implementation and operational issues are being handled by the respective ILECs.

### **Section 3**

#### **911 Implementation Problems**

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operations problems carrier has experienced during the initial transition stages.

Navigator provides service as a Competitive Local Exchange Carrier (reseller) in all counties and states shown above. As a reseller of ILEC services, all 911 implementation and operational issues are being handled by the respective ILECs.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Navigator provides service as a Competitive Local Exchange Carrier (reseller) in all counties and states shown above. As a reseller of ILEC services, all 911 coordination with public safety agencies and state and local authorities are being handled by the respective ILECs.

### **Section 4**

#### **Certification – An authorized representative of the reporting entity.**

  X   I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

Signature

Original Signed By Michael McAlister

Printed name of authorized representative

Michael McAlister

Title: General Counsel

Date: March 8, 2002

This filing is an:	<u>  X  </u>	Original	<u>          </u>	Revised	<u>          </u>
--------------------	--------------	----------	-------------------	---------	-------------------